

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CH	1119	10-30-01
RESPONSE FORMALITY REVIEW	A. M	JC 580	02-12-02

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01-02-02
2	✓	✓	01-02-02
3	✓	✓	
4	✓	N	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	N	
9	✓	✓	
10	✓	N	
11	✓	N	
12	✓		
13	✓	✓	
14	✓	✓	
15	N	N	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	N	N	
20	✓	N	
21	✓	N	
22	✓	N	
23	✓	✓	
24	N	X	
25	✓	✓	
26	✓	N	
27	✓	=	
28	✓		
29	✓	✓	
30	M	N	X
31	✓	✓	
32	✓	✓	
33	✓	N	X
34	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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DC 381-02  
01-02